

County: Winnebago  
 OSHKOSH MEDICAL/REHABILITATION CENTER  
 1850 BOWEN STREET

Facility ID: 6690

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OSHKOSH 54901 Phone: (920) 233-4011  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 182  
 Total Licensed Bed Capacity (12/31/01): 185  
 Number of Residents on 12/31/01: 161

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 165

Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 165

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		63.4
Supp. Home Care-Personal Care	No					1 - 4 Years		32.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.2	More Than 4 Years		3.7
Day Services	No	Mental Illness (Org./Psy)	10.6	65 - 74	26.7			-----
Respite Care	No	Mental Illness (Other)	0.6	75 - 84	24.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	4.3	65 & Over	88.8	-----		
Transportation	No	Cerebrovascular	8.7		-----	RNs		6.8
Referral Service	No	Diabetes	2.5	Sex	%	LPNs		11.8
Other Services	Yes	Respiratory	5.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	60.9	Male	23.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	26	100.0	302	109	99.1	95	0	0.0	0	25	100.0	141	0	0.0	0	0	0.0	0	160	99.4
Intermediate	---	---	---	1	0.9	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		110	100.0		0	0.0		25	100.0		0	0.0		0	0.0		161	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	8.1	77.6	14.3	161
Other Nursing Homes	0.0	Dressing	21.7	62.1	16.1	161
Acute Care Hospitals	88.0	Transferring	35.4	46.6	18.0	161
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.5	55.3	19.3	161
Rehabilitation Hospitals	0.0	Eating	78.3	13.0	8.7	161
Other Locations	5.0	*****				
Total Number of Admissions	259	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.1	Receiving Respiratory Care	3.7	
Private Home/No Home Health	21.5	Occ/Freq. Incontinent of Bladder	50.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	11.1	Occ/Freq. Incontinent of Bowel	33.5	Receiving Suctioning	0.6	
Other Nursing Homes	1.5			Receiving Ostomy Care	1.9	
Acute Care Hospitals	10.0	Mobility		Receiving Tube Feeding	1.2	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.9	Receiving Mechanically Altered Diets	19.3	
Rehabilitation Hospitals	0.0					
Other Locations	28.7	Skin Care		Other Resident Characteristics		
Deaths	27.2	With Pressure Sores	3.1	Have Advance Directives	27.3	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	261			Receiving Psychoactive Drugs	28.6	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Proprietary Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	89.4	82.7 1.08	83.8 1.07	84.3 1.06	84.6 1.06
Current Residents from In-County	100	82.1 1.22	84.9 1.18	82.7 1.21	77.0 1.30
Admissions from In-County, Still Residing	39.4	18.6 2.11	21.5 1.84	21.6 1.82	20.8 1.89
Admissions/Average Daily Census	157.0	178.7 0.88	155.8 1.01	137.9 1.14	128.9 1.22
Discharges/Average Daily Census	158.2	179.9 0.88	156.2 1.01	139.0 1.14	130.0 1.22
Discharges To Private Residence/Average Daily Census	51.5	76.7 0.67	61.3 0.84	55.2 0.93	52.8 0.98
Residents Receiving Skilled Care	99.4	93.6 1.06	93.3 1.06	91.8 1.08	85.3 1.17
Residents Aged 65 and Older	88.8	93.4 0.95	92.7 0.96	92.5 0.96	87.5 1.02
Title 19 (Medicaid) Funded Residents	68.3	63.4 1.08	64.8 1.05	64.3 1.06	68.7 0.99
Private Pay Funded Residents	15.5	23.0 0.67	23.3 0.67	25.6 0.61	22.0 0.71
Developmentally Disabled Residents	0.0	0.7 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	11.2	30.1 0.37	37.7 0.30	37.4 0.30	33.8 0.33
General Medical Service Residents	60.9	23.3 2.61	21.3 2.86	21.2 2.87	19.4 3.14
Impaired ADL (Mean)	41.0	48.6 0.84	49.6 0.83	49.6 0.83	49.3 0.83
Psychological Problems	28.6	50.3 0.57	53.5 0.53	54.1 0.53	51.9 0.55
Nursing Care Required (Mean)	3.7	6.2 0.60	6.5 0.58	6.5 0.57	7.3 0.51